The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, rm. 1–23, 12420 Parklawn Dr., Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

This notice is issued under section 10(a)(1) and (2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: July 18, 1995.

Linda A. Suydam,

Interim Deputy Commissioner for Operations.

[FR Doc. 95–19088 Filed 8–2–95; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Proposed Data Collections Available for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Projects

1. Reporting Requirements for Ryan White CARE Act of 1990, Title IV—The Maternal and Child Health Bureau (MCHB) proposes to collect aggregated data from 38 grantees and their local service providers that are funded under Section 2671 of the Public Health Service Act (42 USC 300ff-71) about the organizational structures, service delivery approaches, numbers and demographic characteristics of clients served, service utilization, and activities related to outreach, prevention, and education. The Data Collection Strategy includes six tables that the 38 grantees and their local service providers will use to submit information annually about program and client characteristics. The purpose is to document the efforts of grantees to develop comprehensive systems of care for infants, children and families and to provide these patients with access to research. The data collected will be used within and outside MCHB and HRSA to inform the administration and Congress about the Title IV program and will be used by grantees and MCHB for other planning, research, and policy efforts. Burden estimates are as follows:

Type of form	Number of respondents	Responses per respondent	Range* (hours)	Average burden per response (hours)
Designation of Local Reporting Entities	38	1	.1–1.0	.5
Local Network Profile	38	1	.1–2.5	1.0
Service Mix Profile	85	1	1–44	2.5
Demographic and Clinical Status	85	1	4–120	33.0
Service Utilization Summary	85	1	1–70	20.0
Prevention and Education Activities	85	1	1–44	4.0

*Estimates are based on phone conversations with 6 grantees.

2. Health Professions Student Loan Program and Nursing Student Loan Program Debt Management Report—Extension—The Debt Management Report is used by three programs (Health Professions Student Loan (HPSL) Program, Nursing Student Loan (NSL) Program, and Loans for Disadvantaged Students (LDS) Program) to monitor the fiscal activities of participating schools. Data are requested on collection activities, investment income, return of excess cash, compliance with performance standards, and the return of the Federal share of monies collected. The report is submitted electronically once a year. No substantive changes in the data elements are proposed. Burden estimates are as follows:

Type of form	Number of respondents	Responses per respondent	Average burden per response
6-month report.	1,503	1	1 hour.

3. Health Education Assistance Loan (HEAL) Program Physician's Certification of Borrower's Total and Permanent Disability Form—New—This form, completed by the HEAL borrower, the borrower's physician, and the holder of the loan, is used to certify that the HEAL borrower meets the total and permanent disability provisions. The PHS will use this form to obtain precise information about the disability claim which includes the following: 1) the borrower's consent to release medical records to the Department of Health and Human Services and to the holder of the borrower's HEAL loans, 2) pertinent information supplied by the certifying physician, 3) the physician's certification that the borrower is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death, and 4) information from the lender on the unpaid balance. Failure to submit the required documentation will result in a disability claim not being honored.

Type of form	Number of respondents	Responses per respondent	Average burden per response
Borrower	42	1	0.08 hours.
Physician	42	1	2.75 hours.
Loan Holder.	35	1.2	0.17 hours.

Send comments to Patricia Royston, HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 27, 1995.

J. Henry Montes,

Associate Administrator for Policy Coordination.

[FR Doc. 95–19054 Filed 8–2–95; 8:45 am]

BILLING CODE 4160–15–P

Public Health Service

[0905–ZA93]

Notice of Redesignation of Contract Health Service Delivery Area

AGENCY: Indian Health Service, HHS.

ACTION: Notice with request for comments.

SUMMARY: This notice advises the public that the Indian Health Service (IHS) proposes to redesignate the geographic boundaries of the Contract Health Service Delivery Area (CHSDA) for the Jamestown S'Klallam Tribe (''The Tribe''). The Jamestown S'Klallam CHSDA currently is comprised of Clallam County in the State of Washington. This county was designated as the Tribe's CHSDA when the IHS published its updated list of CHSDA's in the **Federal Register** of January 10, 1984 (49 FR 1291). It is proposed that the redesignated CHSDA be comprised of Clallam County and Jefferson County in the State of Washington. This notice is issued under authority of 43 FR 34654, August 4, 1978.

DATES: Comments must be received on or before September 5, 1995.

ADDRESSES: Comments may be mailed to Betty J. Penn, Regulations Officer, Indian Health Service, Room 450, 12300 Twinbrook Parkway, Rockville, Maryland 20852. Comments will be made available for public inspection at this address from 8:30 a.m. to 5:00 p.m., Monday-Friday, beginning approximately 2 weeks after publication of this notice.

FOR FURTHER INFORMATION CONTACT: Leslie M. Morris, Deputy Director, Division of Legislation and Regulations, Office of Planning, Evaluation and Legislation, Indian Health Service, Room 450, 12300 Twinbrook Parkway, Rockville, MD 20852, telephone 301–443–1116. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: The Secretary of the Interior acknowledged the Tribe as an Indian tribe, effective February 10, 1981 (45 FR 81890). The Tribe has entered into a self-governance compact with the IHS under Title III of the Indian Self-Determination Act (Pub. L. 93–638, as amended) to provide direct services at a clinic facility and also to provide, for eligible Indians, services purchased from private sector health care providers. Such purchased services are called ''contract health services.''

On August 4, 1978, the IHS published regulations establishing eligibility criteria for receipt of contract health services and for the designation of CHSDA's (43 FR 34654, codified at 42 CFR 36.22, last published in the 1986 version of the Code of Federal Regulations). On September 16, 1987, the IHS published new regulations governing eligibility for IHS services. Congress has repeatedly delayed implementation of the new regulations by imposing annual moratoriums. Section 719(a) of the Indian Health Care Amendments of 1988, Pub. L. 100–713, explicitly provides that during the period of the moratorium placed on implementation of the eligibility regulations, the IHS will provide services pursuant to the criteria in effect on September 15, 1987. Thus, the IHS contract health services program continues to be governed by the regulations contained in the 1986 edition of the Code of Federal Regulations in effect on September 15, 1987. See 42 CFR 36.21 *et seq.* (1986).

As applicable to the Tribe, these regulations provide that, unless otherwise designated, a CHSDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation (42 CFR 36.22(a)(6) (1986)). The regulations also provide that after consultation with the tribal governing body or bodies of those reservations included in the CHSDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a CHSDA. The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of contract health services.

Additionally, the regulations require that any redesignation of a CHSDA must be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). In compliance with this requirement, we are publishing this proposal and requesting public comment.

Since approximately 1984, the Tribe has been providing contract health services to 20 of its tribal members residing in Jefferson County, Washington. Under existing regulations, the CHSDA for the Tribe consists of only Clallam County. On December 21, 1992, the Tribe most recently requested the Secretary to redesignate its CHSDA as Clallam County and Jefferson County in the State of Washington. The Tribe based its request on the fact that S'Klallam tribal members are indigenous to Jefferson County, Washington, yet are still ineligible to receive contract health services because they do not reside within the Tribe's existing CHSDA. In addition, the Tribe has developed a land consolidation plan, which has been approved by the Department of the Interior, through the Bureau of Indian Affairs, and which includes tribal trust land in Jefferson County. However, the Jefferson County tribal trust land has not yet been added to the reservation by proclamation of the Secretary of the Interior.

In applying the aforementioned CHSDA redesignation criteria required by operative regulations (43 FR 35654), the following findings are made:

(1) There are 112 Indians residing in Jefferson County, of which 59 are members of the Tribe or have close socioeconomic ties to the Tribe. Of these 59, 20 are already receiving services due to a previous administrative decision. The remaining 53 individuals are not covered by this request as they do not have close social and economic ties to the Tribe and are therefore, not eligible for contract health services under existing law.

(2) The Tribe has determined that contract health services would be available to all of its members and to all federally recognized Indians in Jefferson